

National Aeronautics and
Space Administration

Lyndon B. Johnson Space Center
White Sands Test Facility
P.O. Box 20
Las Cruces, NM 88004-0020



Reply to Attn of: **RA-01-088**

JUN 25 2001

EPCRA Reporting Center
Attn: Toxic Chemical Release Inventory
TRI Magnetic Media Submission
c/o Computer Based Systems Inc.
4600 North Fairfax Drive, Suite 300
Arlington, VA 22203

Subject: NASA White Sands Test Facility (WSTF) 2000 Toxic
Chemical Release Inventory

Enclosed is a diskette containing toxic chemical release reporting data for WSTF, TRI Facility ID No. 88004-NSJHN-14MIL. This information is submitted as required under Section 313, Title III, of the Superfund Amendments and Reauthorization Act of 1986 and the Pollution Prevention Act of 1990. NASA is submitting a report for the following chemical:

CHEMICAL NAME
Methyl hydrazine

CAS NUMBER
60-34-4

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

If you should have any questions concerning this submittal, please call me at 505-524-5517.

Original Signed By:

David A. Amidei
Environmental Program Manager

Enclosure

cc:
See List

cc:

Mr. Max Johnson
Chemical Safety Office
Emergency Management Bureau
New Mexico Emergency Response Commission
P.O. Box 1628
Santa Fe, NM 87504-1628

bcc:

HQ/JE/O. Serrano
HTSI Team/P. H. Pache

RA/DAmidei:sre:6/20/01:5517

#4 zip LTRS\Env-01-2\TRI2000FRMLTR bcc:

ENCLOSURE Diskette

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EPCRA REPORTING CENTER
ATTN: TOXIC CHEMICAL RELEASE INVENTORY
TRI MAGNETIC MEDIA SUBMISSION
C/O COMPUTER BASED SYSTEMS INC
4600 NORTH FAIRFAX DRIVE SUITE 300
ARLINGTON VA 22203

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **JUL 02 2001** B. Date of Delivery

C. Signature **X** ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

EPCRA Reporting Center
JS EPA

3. **800 BOX 3348**

Hammond, VA 22116-3348
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7000 0600 0025 6710 3678

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

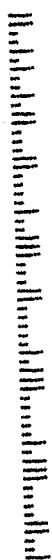
• Sender: Please print your name, address, and ZIP+4 in this box •

National Aeronautics and
Space Administration

Mail Code:
Lyndon B. Johnson Space Center
White Sands Test Facility
Post Office Box 20
Las Cruces, NM 88004-0020

TR1

04+0020



**EPA**United States
Environmental Protection
Agency**FORM R****TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORM**Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act**WHERE TO SEND COMPLETED FORMS:** 1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.**PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1. REPORTING YEAR 2000****SECTION 2. TRADE SECRET INFORMATION**

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
 (Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official: DAVID A. AMIDEI ENVIRONMENTAL PROGRAM MANAGER
 Signature: _____ Date Signed: 06/01/2001

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number 88004NSJHN14MIL

Facility or Establishment Name NASA JOHNSON SPACE CENTER WHITE SANDS TEST FACILITY
 Facility or Establishment Name or Mailing Address(if different from street address) SAME

Street 14 MILES E. & 6 MILES N. OF LA S CRUCES
 Mailing Address P.O. BOX 20

City/County/State/Zip Code LAS CRUCES DONA ANA NM 88004-
 City/State/Zip Code LAS CRUCES NM 88004- Country (Non-US)

4.2 This report contains information for:
 (Important : check a or b; check c or d if applicable) a. ☒ An entire facility b. ☐ Part of a facility c. ☒ A Federal facility d. ☐ GOCO

4.3 Technical Contact Name DAVID A. AMIDEI
 Telephone Number (include area code) (505) 524-5517

4.4 Public Contact Name DAVID A. AMIDEI
 Telephone Number (include area code) (505) 524-5517

4.5 SIC Code (s) (4 digits) Primary a. 9661 b. NA c. d. e. f.

4.6 Latitude Degrees 32 Minutes 30 Seconds Longitude Degrees 106 Minutes 36 Seconds

4.7 Dun & Bradstreet Number(s) (9 digits) a. 194555207
4.8 EPA Identification Number (RCRA I.D. No.) (12 characters) a. NM8800019434
4.9 Facility NPDES Permit Number(s) (9 characters) a. NA
4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits) a. NA

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company NA NASA JOHNSON SPACE CENTER

5.2 Parent Company's Dun & Bradstreet Number NA 618307060

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number
88004NSJHN14MIL
Toxic Chemical, Category or Generic Name
METHYL HYDRAZINE

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 60344																																		
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) METHYL HYDRAZINE																																		
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.) NA																																		
1.4	Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category. (If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.) <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td> </tr> <tr> <td>NA</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	NA	X															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17																			
NA	X																																		

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA
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SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input checked="" type="checkbox"/> Ancillary or other use	

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	05 (Enter two-digit code from instruction package.)
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SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	A	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	B	O
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
Stream or Water Body Name				
5.3.1	NA			
5.3.2				
5.3.3				

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box.

1

(example: 1,2,3, etc.)

1

EPA FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

88004NSJHN14MIL

Toxic Chemical, Category or Generic Name

METHYL HYDRAZINE

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>	NA	
5.4.2	Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>	NA	
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA	
5.5.1B	Other landfills	<input checked="" type="checkbox"/>	NA	
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>	NA	
5.5.3	Surface Impoundment	<input checked="" type="checkbox"/>	NA	
5.5.4	Other disposal	<input checked="" type="checkbox"/>	NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B.1	POTW Name	NA
POTW Address		
City	State	County
Zip	-	

6.1.B.2	POTW Name	
POTW Address		
City	State	County
Zip		

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1	Off-Site EPA Identification Number (RCRA ID No.)	ARD069748192
Off-Site Location Name		ENSCO INC.
Off-Site Address		AMERICAN OIL ROAD
City	EL DORADO	State
AR	County	UNION
Zip	71739	Country (Non-US)
Is location under control of reporting facility or parent company?		
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No

* For Dioxin or Dioxin-like compounds, report in grams/year

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

88004NSJHN14MIL

Toxic Chemical, Category or Generic Name

METHYL HYDRAZINE

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 365	1. M	1. M50
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

TXD055141378

Off-Site location Name

SAFETY-KLEEN INC. (DEER PARK)

Off-Site Address

2027 BATTLECREEK ROAD

City

DEER PARK

State

TX

County

HARRIS

Zip

77536-

Country
(Non-US)

Is location under control of reporting facility or parent company?

☐

Yes

☒

No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 2117	1. M	1. M50
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☐

Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
A	1 A03 2 NA	1	98 %	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	3 4 5 6 7 8			
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
NA	1 2		0 %	Yes <input type="checkbox"/> No <input type="checkbox"/>
	3 4 5 6 7 8			
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	1 2		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
	3 4 5 6 7 8			
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	1 2		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
	3 4 5 6 7 8			
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	1 2		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
	3 4 5 6 7 8			

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box :

1

(example: 1,2,3, etc)

1

EPA FORM R**PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number

88004NSJHN14MIL

Toxic Chemical, Category or Generic Name

METHYL HYDRAZINE

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1 2 3 4

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1. 2. 3. 4. 5.
6. 7. 8. 9. 10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

	Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 Quantity released ***	360	360	360	360
8.2 Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3 Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4 Quantity recycled onsite	NA	NA	NA	NA
8.5 Quantity recycled offsite	NA	NA	NA	NA
8.6 Quantity treated onsite	NA	NA	NA	NA
8.7 Quantity treated offsite	1	2482	200	1000
8.8 Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			0	
8.9 Production ratio or activity index			0000006.76	
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.			
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2	W13	a. T04	b. T05	c. NA
8.10.3	W19	a. T04	b. T06	c. NA
8.10.4		a.	b.	c.
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>